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ABSTRACT

Hazards in infant care may occur in an institution, day care setting or family day care home whenever caretakers disregard the individual needs of infants. Whether group care of infants becomes a mental health hazard or a resource depends upon several factors. In such situations, an infant may fail to establish the close ties with a single mothering person basic to the development of trust and dependability. Adequate protection for the infant from accidents and infection presents another hazard. Another consideration is that a baby can be bombarded with too much stimuli. Also, in a group setting, a baby may lack exposure to sufficient and appropriate toys. If caretakers are too busy or preoccupied to respond to the infant's first babblings, his language may not develop adequately. When there are too few caretakers to provide physical contact, cuddling, and playtime, the infant's growth and learning may be delayed. However, when the caretaker recognizes the individual need of each child and tailors a varied and interesting program to him, healthy development can result. Parents, too, may benefit from education and support in their task of raising children. (WY)

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INFANT DAY CARE: HAZARD OR MENTAL HEALTH RESOURCE?

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There is the increasing demand for this nation to reorder priorities in the seventies. Needs have changed, society's values are fluctuating and the realities of improving the quality of the environment, the need for adequate medical care, inflation with surging unemployment are forcing us to take another, and perhaps a fresh look at where we want to go with this world of ours.

One reflection of the changing times in the child welfare field is the increasing demand of women for equal rights which include the ability to work even though they also elect to be the mothers of this nation's children. Of course, there are many "pushing" factors in addition to "Women's Lib" for day care centers--including programs for teen-age mothers established by school systems, society's pressure on professional women to return to work, the WIN program, "discontent" with Head Start accomplishments and interest in using the Head Start idea at a much earlier stage in the child's development, and also research interest in infant abilities. The response we as a profession make to this increasing need (or demand) will have far-reaching implications as Dr. Urie Bronfenbrenner so aptly puts it, "...the most valid predictor of whether a nation will survive or prosper...is found in its concern of one generation for the next."

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Questions Raised About Infant Day Care:

Infant day care is defined as the care of babies from six weeks of age to two years, in a group setting outside the home for part of the day. The baby

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along with three to five other children, is cared for by a caretaker, someone other than the child's own mother. The potential hazards for infants in a day care setting can also exist in day home care if certain conditions are present. Some of these situations will be discussed later in the paper.

Infant day care. It has a very ominous sound in this Aquarian age because of the child welfare field's past experience with group care of infants. This has been documented in the Bowlby and Spitz material on maternal deprivation in the thirties. There are today's incidents of maternal neglect, experience with failure to thrive infants, "hospitalism" and "institutionalism" (a phenomenon that has been shown to result in death to those infants who do not receive sufficient love and maternal care) that most child welfare workers have encountered and still must deal with. This is in spite of our increased knowledge about the needs of infants and advanced technology in providing medical and physical care to very young children.

René K. Spitz, M.D. was one of the very first to report on maternal deprivation (1945 & 1946) and what happens to babies in institutions who were deprived of their mothers or of consistent and adequate maternal care. The babies in the two unidentified institutions, one a nursery attached to a penal institution, and the other a foundling home, that Dr. Spitz observed and made movies of, were given almost no attention, no love and minimal stimulation, vis-a-vis diapering, washing and other "necessities" after three months of age.

Are we going to allow history to repeat itself and encourage group care of infants based on the recent but limited research studies? Are we going to permit the group care of infants through the passage of day care legislation as well as earmarking funds for federally sponsored programs such as WIN and the Family Assistance Act? And, are we going to nationally license group care

of infants with minimal standards which may not insure quality and individualized day care? What are the potential dangers and are they insurmountable when one considers infant day care? Yes, there have been reports of severely emotionally, socially and intellectually deprived infants who lived solely in institutions and these deprivations are potential dangers in the group care of infants.

It is known that from the moment of birth babies begin learning from the world. They learn from what they feel when they are held and what they touch when they reach out to something or when something is put in their hand. They learn from what they see.

Along with this knowledge, present day researchers such as Yarrow and Gewirtz point out that the damage of institutional care was due to the lack of stimulation, not separation from mother. J. McV. Hunt suggests that it was lack of visual, emotional, sensual and tactile stimulation combined with the fact that the child never had the opportunity to do anything that would produce interesting results or feedback which resulted in the slow development of institutional babies. Other researchers, like Rheingold, Lodge, and Schaffer have found that stimulated babies (those who are talked to, given objects to reach out to and encouraged to engage in their environment) became interested in their surroundings, formed attachments to the stimulator, smiled at objects, began to reach out, and began vocalizing. What may even be more revolutionary was that some child development specialists think that they were "crucial" times or "critical periods" at which a child is ready to receive certain learning or achieve a particular developmental task. If this learning does not occur, then the child cannot proceed to the next phase in his development. It is shocking and depressing to observe institutional babies at six months to one year who often look more like three month old babies.

They may be found staring at their hands and interest is turned inward rather than outward, exploring the world. These babies don't differentiate their speech but use grunts. There is minimal, simplified communication, a grunt and a tug to get what they want as they grow older. This is what happens when children are left uncared for except in a physical way. It can happen in a sparkling clean institution, with a drunken neighbor who babysits, when a child is left in the care of an older sibling, or a severely depressed mother. Deprivation can occur anywhere!

Another concern in the professional's mind is the question of the effects of temporary, but consistent, daily separation on the mother-child relationship. Can an infant really adjust to two different environments and the ideal in a day care setting--three mother figures (biological mother and two caretakers)? There is one infant day care center in New York City already reporting stranger anxiety at an earlier than expected six to eight month age. Normally between the sixth and eighth month of age the child clearly distinguishes mother (friend) from stranger. When a stranger approaches he will show varying degrees of anxiety such as lowering his eyes, covering his eyes, lifting his dress to cover his face and thereby rejecting the stranger. To a degree he refuses contact, turns away from the stranger as well as manifesting some anxiety. Indeed, he is reacting to the fact that mother "has left him". This is to be expected. However, when it occurs earlier than six months, it raises the question of whether the infant is under added anxiety because of the early separation from his mother and, therefore, highly sensitive to change. Is the existence of this phenomenon harmful to the infant? We do not know--twenty to thirty years from now when these children are adults we, perhaps, will have the answers.

The medical profession has raised questions regarding the group care of infants on an elective basis. For example, they question whether the possibility of increased exposure to diseases such as colds, flu, early childhood diseases and diarrhea because of the group conditions and the contact with numerous other people can be prevented or at least minimized. Are there enough pediatricians and nurses available to be consultants and/or full-time employees to these centers? Can the center provide hygienic conditions as well as the homelike environment which the infant needs to thrive and develop normally? In response to their concerns as well as perhaps seeing the handwriting on the wall the American Academy of Pediatrics has written standards for care of children under three.

And, of course, there is the perennial problem of cost, particularly in this inflationary, urban age. Infant day care is truly expensive if it is individualized, with proper concern for health protection, opportunities for growth and learning, rich in occasions for sensory experiences by affectionate and interested caretakers. It can cost anywhere from $2,000. - $4,500. per child per year. This cost is high because it provides individualized care to babies and the personnel cost cannot be reduced. The ratio of caretakers to babies is ideally 4 to 1 which must be maintained as the babies are never left alone, not even when they are sleeping. Parents alone cannot afford these prices and if centers for large numbers are developed the risk of institutional conditions could exist once again. If this happens, what has been solved?

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Reasons to Have Infant Day Care:

Experimental infant day care centers have been developed in this country. In fact, in a 1968 state by state survey[1] 46% of the states were found to have license regulations for group care of children under two. The growing concern, research and emphasis on infant development is a result of the evidence of the great numbers of babies receiving supplemental mothering, outside the home while their mothers are gainfully employed. In the 1968 Children's Bureau publication of HEW, Child Care Arrangements of Working Mothers in the United States[2] , 12.3 million children under 14, of working mothers were cared for in various ways. The women's rights organizations feel it's essential in order to liberate women from the bondage of the home while labor unions are increasingly viewing day care as an essential fringe benefit for their members. Some business and industrial groups have either established day care centers or purchase day care openings so that they can attract women for employment and to reduce absenteeism among the female employees. Child welfare personnel see it as an essential part of a comprehensive social welfare program with the emphasis on the child's readiness for the program as well as the parents need or desire for a supplemental child care program. Indeed, not all parents can be warm, loving and affectionate,nor do they really enjoy or want their children. The "battered child" as well as the large numbers of mildly and severely neglected children proves the point. These parents cannot give to their child that which they never received. These children are better off in another setting for most of

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[1]Sharon Kempf and Beatrice Kaplan, Licensing Day Care Centers: Infant Group Care, Infant Rearing Project, Children's Hospital of Washington, D.C., Washington, D.C. 1968. Unpublished.

[2]Seth Low and Pearl G. Spindler, Child Care Arrangements of Working Mothers in the United States, Children's Bureau Publication No. 461-1968 (Washington, D.C., U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau, and U.S. Department of Labor, Wage and Labor Standards Administration, Women's Bureau, 1968).

the day. Along with this, more and more infant researchers and educators feel that day care can be crucial to the development of young children because the home environment may provide insufficient stimulus to the child's developmental potential. It is also a modern avenue to help today's parents cope with the many anxieties of raising children without the support of the extended family, relatives and friends.

It has been demonstrated by such research programs as the Children's Center in Syracuse, New York, and the Demonstration Project at the University of North Carolina at Greensboro that infants can be cared for successfully and without damage to their development in groups when a certain quality of child care giving is provided. This mothering care and appropriately stimulating environment is provided individually to the child day after day!

In identifying programs that meet babies' needs in group care, the characteristic that stands out most is that the planners were cognizant of early child development. They recognize that the human baby is very helpless. He is more helpless than almost any other newborn creature. Unless there are adults to care for the baby he will die. He is totally dependent on these adults and will continue to be dependent on them for a longer time than other creatures. Although he will never again be dependent on other people as he is as a baby, he will always need other people. Without them he will not develop, or he will develop in odd, incomplete and distorted ways. Therefore, an infant day care center of quality maintains a consistent, warm, mothering person for the child--a caretaker. (The ideal ratio is one caretaker to four babies with an assistant for peak periods.) The caretaker knows and likes the child as an individual. She has an awareness of the ways to foster healthy (emotional, social and intellectual) development, knows how important she is to the baby and is able to cuddle the child not only in times of stress to give him a feeling of protection but other times as well which provide

him with the needed warmth and closeness to a special person. Indeed, she can appreciate the individual growth of each child in her care.

The caretaker has an intimate, give and take relationship with the child's parents. She views the child as part of his family and the culture of which he is a part. She understands and accepts cultures different from her own. The worker shares the love, growth and care of another person's child, always making the parent feel important and respecting parental decisions.

Child caretakers are paraprofessionals who have certain characteristics which go to make the individual a warm, mothering type of person and most importantly they like children. A child caseworker has had a successful life pattern and an adequate mother figure after which she could pattern herself. Since she has received a degree of warm mothering, she, in turn, can give this to the children in her care. Since she is sensitive to the needs of infants and young children she can deal with their angry, sad, happy feelings and out-of-bounds behavior. Often, the "training" of the caretaker occurs on-the-job with their bringing child care experience such as baby-sitting or raising of their own children with them. Supervision is generally by a nursery school teacher, registered nurse, social worker, child development specialist or any combination of these four professionals who are directing the center.

Fortunately, at birth the human infant has two important abilities. First, he can move toward and accept nourishment either from a breast or from a bottle. He instinctively starts sucking and can swallow. Secondly, he can cry--and by doing so he is able to demand and get the protection and attention he needs. This relationship between himself and a protective adult, or adults, is the most important relationship he will ever have and has far-reaching

implications for his whole development. In the center, the baby's individual formula, often provided by his parents, is given to the baby as he is being held, rocked and talked to by his special caretaker.

It is important to realize that the young baby needs this relationship with other people not only so that he can be fed and kept dry and warm, but so that he can develop as a total person. We might devise a machine that would take care of a baby physically, the Skinner box for example, but the baby would not develop normally and might die unless he also had the experience of being held, touched, smiled at and talked to.

We know that in the first days of life babies respond to what they see a within the first three months, they show us that they want to touch what they see. Yet, there is an important period of time when they can't control their movements to reach something, grasp it and hold on to it. Even after they are able to hold an object, they are handicapped by the fact that they can't go after things. This means the infant center must provide objects available where they can reach them, i.e., rattles, cradle gyms and bright, colorful, simple pictures, and early in life the caretaker has to put these within reach. Unless this is done, the baby will not reach for things even when his coordination and ability to move would normally make this possible.

Babies respond to the speech of others long before they can understand the words. They learn that words indicate love, interest and caring, and within the first few months they will respond with babbles and coos of their own. With encouragement, he will develop a wide range of communication with others, not only through language, but through gestures, expression and cooperative play. Around the end of the first year, they will begin to use single words

themselves. As he gets older, the child uses language to talk about fantasies, experiences, ideas, plans, feelings, hopes and dreams. But, like everything else a baby does, his language will not develop unless there has been appropriate warm and loving stimulation from the environment. Babies need more than food and a warm place to sleep. They need adults who are involved with them.

Young children also need the opportunity to play with children of their own age and to learn (imitate) from those who are older than themselves. This provides the child with an experience in learning how to share toys, the attention of adults and to wait their turn. To learn these behaviors takes time, especially for the two year old who's task it is to gain a sense of autonomy. The child, during this period, is gaining a sense of his identity and testing out his independence. He is very possessive of his belongings and often negativistic in his attitude which increases his inability to share for a time. The child caretaker is aware of this phase of development and sets consistent, firm limits when necessary for the child but also provides opportunities for him to appropriately test out his autonomy. She also distracts him whenever possible with substitute activity as problems arise in his playing with the other children.

When children are in day care, the major toilet training experience is away from home; however, the child caretaker and mother must both agree that the child is indeed ready. They proceed in somewhat the same way so as not to confuse the child.

The babies' age and development determines the activities that are needed to stimulate his social and emotional development. The caretaker, in concert with the child's parents and the center's director, develop appropriate

activities. Caretakers must learn that it is unwise to stimulate children to develop at a faster than average rate. Certain kinds of development cannot be speeded up, and we only confuse and pressure a child if we push him beyond his capacity. The caretaker must work with and encourage development in terms of the experiences provided and normal child training which are appropriate to each individual child and his particular developmental pattern.

From this brief discussion of some of the needs young children have and which must be provided in a group setting, one realizes that the possibilities for working with children are truly limitless. The specific principles of child development were explicated so that they will become guidelines and an inspira- for your own states, counties or locales ideas in which to build a comprehensive child welfare program of day care and, in particular, the consideration of infant day care.

Summary:

In summary, it can be said that there are potential mental health hazards in the group care of infants. These hazards may occur whether the infant is in an institution, day care setting, or family day care home. They manifest themselves when the people involved disregard the individual needs of infants and are not aware of how to provide the care they need for healthy development. The possible hazards are:

1. The baby may not establish a close tie to a single mothering person and as a result he will not develop a sense of basic trust and depenability. In these instances, the caretaker who serves as a "supplemental" mother may also dilute the natural mother's investment in her baby and further their distance from one another.

2. There may not be adequate protection for the infant from the hazards of accidents and infection in a group setting. This may occur where large numbers of infants are cared for and/or where insufficient planning and practice exists.

3. A baby can be bombarded with too much stimuli, which become very confusing to the child so that to protect himself he turns inward, thereby turning off the outer world and learning. Sometimes a baby never experiences a moment of peace and privacy to restore his energy and enjoy his own world of fantasy and feeling.

4. A baby may not reach his "individual" potential nor physical mastery of the environment if the center provides insufficient and/or inappropriate toys and experience.

5. A baby will not develop his language adequately if the caretakers are too busy or preoccupied to respond to his first babblings and early attempts to name, speak and to question.

6. Individual growth and learning may be delayed if the child lacks sufficient physical contact, cuddling, and play time because there are not enough caretakers to give personal interest in each child.

The group care of infants may, on the other hand, be a mental health resource, not only to the child but to his family and the nation as well. In these instances, the care provided recognizes the individual need of each child who is totally dependent upon his caretaker for an environment in which he is loved, stimulated and protected. The possible mental health resources provided by infant day care may be:

1. The personalized child care and individualized, tailored program will be conducive to his healthy growth and learning.

2. The interaction with more than one interested and affectionate person in this nuclear family society may increase his capacity, sensitivity and responsiveness in human relationships.

3. The child will encounter many varied and interesting experiences being moved daily from home to center and back again.

4. In a safety designed center the infant will have ready access to adequate medical care, health supervision, proper nutrition and mental health consultation.

5. The interaction with other children and with opportunities for varied sensory experiences may promote the child's interest in the outside world as well as independence and beginning competence to cope with varied life situations.

6. In this mobile society, where parents are often isolated from their extended family or other reliable information givers and role models in child care, they often question how well they are doing. The education provided parents in the group setting may aid and support their task of raising children as well as building up their confidence in this parenting role. Indeed, infant day care may be here, safely to stay! Are we willing to lead the way?

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